ATTORNEY DOCKET NO. 9537-3

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: David N. Ku

FEB. 9. 2006 9:29AM

Application Serial No.: 10/658,932

Filed: September 9, 2003

For: Flexible Spinal Disc

Confirmation No.: 3113

Examiner: Dave Willse

Group Art Unit: 3738

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FEB 0 9 2006

Date: February 9, 2006

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application. Applicant claims small entity status. See 37 CFR §1.27. No additional fee is required. The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
Total	69	67	= 2	x 25=	\$	x 50=	\$ 100.00
Indep	5	5	= 0	x100≃	\$	x200=	\$.00
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+180=	\$	+360=	\$
			Total Add. Fee \$		OR Total	\$100.00	

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

Attorney Docket No.: 9537-3 Application No.: 10/658,932 Filed: September 9, 2003 Page 2 Ø Please charge my Deposit Account No. 50-0220 in the amount of \$100.00 for additional claims. A check in the amount \$ to cover _____ is enclosed.

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Respectfully submitted,

The Commissioner is hereby authorized to charge the appropriate fees associated with this

communication or credit any overpayment to Deposit Account No. 50-0220.

lie H) Richardson Registration No. 40,142

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CERTIFICATION OF FACSIMILE TRANSMISSION **UNDER 37 CFR 1.8**

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RESPONSE TO OFFICE ACTION DATED JANUARY 25, 2006

Sir:

Responsive to the Office Action dated January 25, 2006 please amend the above-identified application as shown.

If any extension of time for the accompanying response or submission is required, Applicant requests that this be considered a petition therefor. The Commissioner is hereby authorized to charge any additional fee, which may be required, or credit any refund, to our Deposit Account No. 50-0220.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this document.

Remarks begin on page 12 of this document.

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